

Employment Security Division

Benefits Section
500 East Third Street
Carson City, NV 89713-0035
North Tel (775) 684-0350
South Tel (702) 486-0350



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<http://www.nvdetr.org>

Claimant ID:
Re: Affidavit of Deceased or Incompetent
Date Mailed: Á

Name:
Address:
City, State Zip:

State of: _____
County of: _____

Re: _____
Name of deceased/incompetent Claimant
Social Security Number: _____

Before me, a Notary Public of the State and County aforesaid, personally appeared _____,
who, being duly sworn according to law, says:

(Name of deceased/incompetent person) _____ to whom a 1099G was
issued, has either died or been declared incompetent on _____, 20____, at (City or County)
_____.

No executor or administrator has been appointed or is contemplated, to the best of the affiant's knowledge and belief. Affiant
is related to said deceased/incompetent claimant as (Relationship) _____ and there is no other person
who would be an heir of said deceased or incompetent claimant. This affiant asks the Employment Security Division to send a
duplicate 1099G.

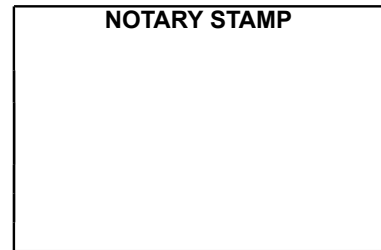
(Signature of Affiant)

SWORN AND SUBSCRIBED BEFORE ME THIS

DAY OF _____, 20 ____.

Notary Public

My Commission Expires _____



NOTE: SUPPORTING DOCUMENTS MUST ACCOMPANY THIS REQUEST

Return this form to:
State of Nevada Employment Security Division
Attn: Monetary Unit
500 E. 3rd St.,
Carson City, NV 89713-0045



Report suspected UI Fraud online at <https://uifraud.nvdetr.org> or
call (775) 684-0475



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